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|---|---|--|---|-------------------------------------|--|-------|
| SCC eFile | 2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 215539724 | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: United States Surety Company</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MD</p> </div> <div style="width: 35%;"> <p>DUE DATE: 10/31/2015</p> <p>SCC ID NO: F1603069</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>7,000</td> </tr> </table> </div> </div> | | | CLASS | AUTHORIZED | COMMON | 7,000 |
| CLASS | AUTHORIZED | | | | | |
| COMMON | 7,000 | | | | | |
| <p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 20 W AYLESBURY ROAD</p> <p style="margin-left: 40px;">CITY/ST/ZIP: TIMONIUM, MD 21093</p> | | | | | | |
| <p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p> | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CAROL T. NEVIN TITLE: PRESIDENT ADDRESS: 20 W. AYLESBURY ROAD CITY/ST/ZIP/CO: TIMONIUM, MD 21093 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: CAROL T. NEVIN TITLE: PRESIDENT ADDRESS: 20 W. AYLESBURY ROAD CITY/ST/ZIP/CO: TIMONIUM, MD 21093 | <input checked="" type="checkbox"/> | OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
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| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DANIEL AGUILAR TITLE: VICE PRESIDENT ADDRESS: 601 SO. FIGUEROA ST. CITY/ST/ZIP/CO: LOS ANGELES, CA 90017 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: DANIEL AGUILAR TITLE: VICE PRESIDENT ADDRESS: 601 SO. FIGUEROA ST. CITY/ST/ZIP/CO: LOS ANGELES, CA 90017 | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR | |
| NAME: DANIEL AGUILAR TITLE: VICE PRESIDENT ADDRESS: 601 SO. FIGUEROA ST. CITY/ST/ZIP/CO: LOS ANGELES, CA 90017 | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR | | | | |

| | | | |
|-----------------|------------------------------|---|--|
| NAME: | SURAYA K. BERNARD | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 600 LEXINGTON AVE., 22ND FL. | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10022 | | |
| NAME: | SHARON BROCK | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 13403 NORTHWEST FREEWAY | | |
| CITY/ST/ZIP/CO: | HOUSTON, TX 77040 | | |
| NAME: | JEFFREY D. GERBERICH | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 20 W. AYLESBURY ROAD | | |
| CITY/ST/ZIP/CO: | TIMONIUM, MD 21093 | | |
| NAME: | GEOFFREY GEORGE LAKIS | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 20 W. AYLESBURY ROAD | | |
| CITY/ST/ZIP/CO: | TIMONIUM, MD 21093 | | |
| NAME: | FRANK M. LANAK | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 601 SO. FIGUEROA ST. | | |
| CITY/ST/ZIP/CO: | LOS ANGELES, CA 90017 | | |
| NAME: | FRANK M. MESTER | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 601 SO. FIGUEROA ST. | | |
| CITY/ST/ZIP/CO: | LOS ANGELES, CA 90017 | | |
| NAME: | JOYCELYN M. RAY | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VP & AS | | |
| ADDRESS: | 13403 NORTHWEST FREEWAY | | |
| CITY/ST/ZIP/CO: | HOUSTON, TX 77040 | | |
| NAME: | WILLIAM H. SOHN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 20 W. AYLESBURY ROAD | | |
| CITY/ST/ZIP/CO: | TIMONIUM, MD 21093 | | |
| NAME: | PETER CARMAN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SVP & CFO | | |
| ADDRESS: | 20 W. AYLESBURY RT. | | |
| CITY/ST/ZIP/CO: | TIMONIUM, MD 21094-5605 | | |
| NAME: | RICHARD E KLEIN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CHAIRMAN | | |
| ADDRESS: | 20 WEST AYLESBURY RD | | |
| CITY/ST/ZIP/CO: | TIMONIUM, MD 21093 | | |
| NAME: | RANDY D. RINICELLA | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | ASST SECRETARY | | |
| ADDRESS: | 13403 NORTHWEST FREEWAY | | |
| CITY/ST/ZIP/CO: | HOUSTON, TX 77040 | | |

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|-----------------|-------------------------|---|--|
| NAME: | ALEXANDER LUDLOW | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 13403 NORTHWEST FREEWAY | | |
| CITY/ST/ZIP/CO: | HOUSTON, TX 77040 | | |
| NAME: | ALEXANDER LUDLOW | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 3403 NORTHWEST FWY | | |
| CITY/ST/ZIP/CO: | HOUSTON, TX 77040 | | |
| NAME: | ADAM S. PESSIN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SVP | | |
| ADDRESS: | 601 SO. FIGUEROA ST. | | |
| CITY/ST/ZIP/CO: | LOS ANGELES, CA 90017 | | |
| NAME: | MARK W CALLAHAN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 13403 NORTHWEST FREEWAY | | |
| CITY/ST/ZIP/CO: | HOUSTON, TX 77040 | | |
| NAME: | MARK W CALLAHAN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 13403 NORTHWEST FWY | | |
| CITY/ST/ZIP/CO: | HOUSTON, TX 77040 | | |
| NAME: | MICHAEL J. DONOVAN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 13403 NORTHWEST FREEWAY | | |
| CITY/ST/ZIP/CO: | HOUSTON, TX 77040 | | |
| NAME: | MICHAEL J DONOVAN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 13403 NORTHWEST FWY | | |
| CITY/ST/ZIP/CO: | HOUSTON, TX 77040 | | |
| NAME: | BRAD T IRICK | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 13403 NORTHWEST FREEWAY | | |
| CITY/ST/ZIP/CO: | HOUSTON, TX 77040 | | |
| NAME: | BRAD T IRICK | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 13403 NORTHWEST FWY | | |
| CITY/ST/ZIP/CO: | HOUSTON, TX 77040 | | |
| NAME: | PAMELA J. PENNY | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 13403 NORTHWEST FREEWAY | | |
| CITY/ST/ZIP/CO: | HOUSTON, TX 77040 | | |
| NAME: | MICHAEL J. SCHELL | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 13403 NORTHWEST FREEWAY | | |
| CITY/ST/ZIP/CO: | HOUSTON, TX 77040 | | |

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|--|----------------------------------|----------------------------------|--|
| NAME: | MICHAEL J SHELL | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 13403 NORTHWEST FWY | | |
| CITY/ST/ZIP/CO: | HOUSTON, TX 77040 | | |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | | |
| /s/ ALEXANDER LUDLOW | ALEXANDER LUDLOW, | 10/29/2015 | |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | SECRETARY | DATE | |
| | PRINTED NAME AND CORPORATE TITLE | | |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | | |